Approved Costing Guidance 2023: summary of changes

# Introduction

This summary of changes to the [2023 Approved Costing Guidance](https://www.england.nhs.uk/costing-in-the-nhs/approved-costing-guidance/costing-principles-2023/) will help costing practitioners and other stakeholders to implement the 2023 National Cost Collection. **It does not replace a full and proper review of all the documentation**.

The Approved Costing Guidance has been updated for clarity and brevity throughout.

We have moved background information and key resources such as the [costing principles](https://www.england.nhs.uk/costing-in-the-nhs/approved-costing-guidance/costing-principles-2023/) and [glossary](https://www.england.nhs.uk/costing-in-the-nhs/glossary/) from PDF to more accessible web pages, reducing the overall burden of information.

In the PDFs where significant changes have been made since the 2022 Approved Costing Guidance, the relevant content is highlighted in yellow for ease of reference. These sections mirror the summary of changes here and should be reviewed in the context of the whole section to ensure full understanding of the change.

Supporting information such as learning extensions and the COVID-19 costing recommendations that were previously published on the NHS England website alongside the Approved Costing Guidance can now be found on our costing workspace [FutureNHS](https://future.nhs.uk/NHSEnglandCostingEngagement/groupHome). You can access FutureNHS if you have an NHS email address or request access to FutureNHS, from the Costing Team on [costing@england.nhs.uk](mailto:costing@england.nhs.uk).

If you have any comments or queries or concerns about this guidance or any of the Approved Costing Guidance, please contact [costing@england.nhs.uk](mailto:costing@england.nhs.uk).

This document only relates to integrated trusts and does not need to be read by ambulance trusts as there has been no material changes to the ambulance national cost collection.

The COVID-19 recommendations and the financial accounts code mapping will be available to costing practitioners on FutureNHS at a later date.

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# Integrated costing methods - updated

### CM24: Maternity

This standard has been updated to include community maternity for the 2023 NCC in line with the Costing Transformation Programme (CTP) development plan. It brings into scope all maternity services provided by trusts, irrespective of sector. This includes maternity care during the antenatal phase, the delivery event and the postnatal phase.

It applies to care provided in a clinical setting or the patient’s home/other community location, including midwife-led care in GP surgeries and home births, providing the service is supplied by NHS provider staff.

It also covers the care of the baby/babies prior to discharge from the maternity services, where they are not within a neonatal critical care episode or part of a paediatric care pathway. Fetal medicine is not included in this standard but we intend to add it in future years.

# Integrated costing methods – new for 2023

The information requirements have been updated to allow for the costing of these services at PLICS level.

### CM25: Chemotherapy

It brings into scope all patient events where the chemotherapy is administered, including admitted patient care (APC) and non-admitted patient care (NAPC).

It also includes all medicines prepared and dispensed as part of a chemotherapy pathway, including medicines delivered to the patient’s home, hormone therapy, immunotherapies and supportive medicines, as well as the cost of preparatory services for chemotherapy, such as aseptic suites within pharmacy departments.

### CM26: Radiotherapy

It brings into scop all patient events with radiotherapy planning and treatment, including APC and NAPC.

It includes all radiotherapy, including the modalities of external beam and internal radiotherapy (including brachytherapy and molecular radiotherapy) and the high non-pay costs of providing radiotherapy services.

### CM36: Specialist rehabilitation

It brings into the scope of PLICS inpatient specialist rehabilitation activity provided by trusts and defined as levels 1 and 2 by the [United Kingdom Rehabilitation Outcome Collaborative](https://www.ukroc.org/) (UK ROC), and level 3 and community specialist rehabilitation provided by the organisation.

The standard also applies to spinal cord injury rehabilitation for the eight national centres, and specialised burn care, pain management and brain injury.

### CM37: Renal dialysis

This standard supersedes the previous Costing Approach 3. This new standard applies to all renal dialysis services, whether provided in a renal specialist or non-specialist centre. It includes patients of all ages but does not apply to renal transplant.

### CM38 Specialist palliative medicine

The standard applies to specialist palliative medicine (SPM) activity provided by the organisation and includes:

* inpatient hospice units and SPM wards
* inpatient hospital palliative care support provided on other wards (hospital SPM team)
* day care, outpatients and community SPM (including ‘hospice at home’ services).

# Integrated technical document

## Spreadsheet IR1.1: Feeds and IR1.2 Fields

A new feed has been added to the technical document to detail the fields required to be able to cost specialist rehabilitation in line with the costing methodology. This includes information on rehabilitation complexity scale for levels 1 and 2 rehabilitation units. Please see Standard CM36: Specialist rehabilitation in the [Integrated costing standards](https://www.england.nhs.uk/publication/integrated-information-requirements-costing-processes-and-costing-methods-2023/) for more information.

There have also been some additions to the previous information requirements for chemotherapy, radiotherapy, renal dialysis and community midwifery. They have been extended to allow these patient events to be costed at patient level rather than previous aggregate level.

## Spreadsheet CP3.2 Standardised cost ledger

For 2023 there have been some additions to the MedTech devices in the mandate for 2023. The cost centres for these new devices have been added to the standardised cost ledger.

There have also been some changes to the cost centres for renal dialysis and specialist rehabilitation to facilitate the move from aggregate workbook to PLICS.

# Integrated National Cost Collection Guidance

**Specialist mental health teams**

In the 2022 NCC specialist mental health activity was collected in the workbook at aggregate level because of concerns about the way the data had previously been collected in PLICS using patient cluster assessment status 04 (PATCAS04). In 2023 specialist mental health activity will be collected at PLICS level, with a new field added to the extract specification to collect team type, which will allow the data to flow in line with the activity submission to national datasets.

**Services new to PLICS in 2023**

Until now, chemotherapy, radiotherapy, renal dialysis, specialist rehabilitation, specialist palliative medicine and community maternity have been collected at average cost per unit in the NCC workbook. In line with the CTP development plan, these services are now mandated for collection at PLICS level in the 2023 NCC.

If you are unable to obtain community maternity data at patient level, for the 2023 NCC you may exclude these costs on the integrated reconciliation (INTREC).

The collection guidance has been updated to reflect how trusts must submit these new services for their submission and to include the details for trusts on the submission of the new aggregate XML extract which replaces the NCC workbook used in previous years.

**Wheelchair services**

In 2022, trusts could choose to flow their wheelchair contacts as part of their PLICS XML files. For 2023 the collection of this service continues to be soft implementation. Where trusts do have the activity for wheelchair services and wheelchair equipment, the equipment costs should flow in the AGG feed for 2023 NCC.

**Community maternity**

Where community maternity data is unavailable at patient level, you may submit the cost for this service as an exclusion in the 2023 NCC.

**Virtual wards**

Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. This data should be submitted in the supplementary information (SI) feed and linked via PLEMI using a new CSIU 05. This is soft implementation for 2023 with a view to mandate in the 2024 NCC.

**Networks**

We propose to collect the cost of 14 additional networks as an exclusion on the reconciliation statement to ensure these costs are not allocated across patient care services, as this would inflate the cost of own patient care for the host trust.

**Med Tech devices**

The NHS Long Term Plan committed to accelerating the uptake of selected innovative medical devices, diagnostics and digital products to patients, by developing the MedTech Funding Mandate policy, which launched on 1 April 2021. In 2022 we introduced the collection of these in PLICS. For the 2023 NCC the list of Med Tech devices has been extended.

**Medicines**

In previous years, chemotherapy drugs were separate to the high-cost drugs list. For 2023 there will be one list containing chemotherapy drugs, high-cost drugs and specialised commissioning drugs.

# Decommissioning of NCC workbook

Following the decommissioning of the workbook, all data should now be submitted via XML files. There are some exceptional circumstances where this will not be possible, such as a failure of an electronic patient record system, where such issues are material an alternative excel based submission will be provided, this is called the Alternative Consolidate Contingency Option (ACCO). This will allow trusts to submit costs and activity at an aggregated level where it is not possible to do so at a patient level.

# Integrated extract specification

**New data feed: AGG feed**

In line with the CTP development plan the workbook will no longer be available to collect aggregate data in 2023. In costing, some clinical events should not be submitted at patient level, so we still require a method to submit these in the NCC. For 2023 there is a new feed type in the extract specification called the AGG feed. This will capture those items in XML format that cannot be submitted at PLICS level.

**Removal and addition of data items in the extract specification for MH and IAPT**

Mental health and IAPT clustering is no longer mandated, and trusts are generally not undertaking it. As a result, the following fields have been removed from the extract specification.

MHPS feed type:

* Patient cluster assessment status
* Patient cluster assessment status start date
* Patient cluster assessment status end date
* Adult mental health care cluster code (final)
* Start date (care cluster assignment period)

End date (care cluster assignment period)

MHCC and IAPT feed type:

* Patient cluster assessment status

Adult mental health care cluster code (final)

These data items have been replaced with:

* MHPS and MHCC feed type: Service or team type for mental health

IAPT feed type: Appointment type for improving access to psychological therapies

**New data item in the extract specification: Renal site**

Renal dialysis has been bought into the scope of PLICS for the 2023 NCC. To capture the details of the type of dialysis given to a patient, a field has been added to the APC feed type to capture the location of renal dialysis delivery.

**New data item in the extract specification: Patient specialist rehabilitation complexity period status**

Specialist rehabilitation has been bought into the scope of PLICS for the 2023 NCC. This field has been added to the APC feed type to indicate whether the patient has been assigned a specialist rehabilitation complexity score. This score is only given to patients who are treated on level 1 or 2 rehabilitation units as defined by UK ROC.

**New data item in the extract specification: Patient specialist rehabilitation complexity period start date**

This field has been added to capture the start date of the patient rehabilitation complexity score. This should only be used where your trust is submitting mini episodes or bed day records for your rehabilitation data.

**New data item in the extract specification: Patient specialist rehabilitation complexity period end date**

This field has been added to capture the end date of the patient specialist rehabilitation complexity score. This end date represents the point at which the rehabilitation complexity score of a patient changes, a new bed day starts or the patient is discharged from the specialist rehabilitation ward. This should only be used where your trust is submitting mini episodes or bed day records for your rehabilitation data.

**New data item in the extract specification: Specialist rehabilitation complexity score**

This field is to capture the specialist rehabilitation complexity scale (RCS-E) score in line with the submission of patient data to UK ROC. The RCS-E is assessed and scored by the patient’s multidisciplinary team considering the complexity of rehabilitation needs and basic care, specialist nursing, therapy and medical interventions, and equipment.

**New data item in the extract specification: Spinal cord injury category**

This field is to capture the category of spinal cord injury from the National Spinal Cord Database. This should only be completed by the eight specialist centres for spinal cord injury.

**New data item in the extract specification: Care contact identifier**

This data item has been added to the OP feed type in the extract specification to allow a linkage to the Maternity Services Data Set (MSDS). This field is to be used for maternity activity only.

**New data item in the extract specification: Maternity contact type**

This field is to collect the maternity currencies. This is a PLICS specific currency type.

**New data item in the extract specification: Mental Health Services Currencies in Development**

New currencies for mental health from Pricing Development: these have been added in the MHPS and MHCC feed in the extract specification and we will operate dual running of these currencies in the 2023 NCC. This new data item is called ‘Mental Health Services Currencies in Development’.

**New data item in the extract specification: Community Health Services PLICS Currencies in Development**

New currencies for community care from the NHS England Pricing Development team for frailty and end of life have been added to the CSCC feed in the extract specification. We will operate dual running of these currencies in the 2022/23 NCC. This new data item is called ‘Community Health Services PLICS Currencies in Development’.

**New data item in the extract specification: Organisation identifier (code of commissioner)**

This field is to support the requirement for Hospital Expenditure Benchmarking (HEB) outputs to be built up from the NCC. Having the commissioner code as part of the submission will allow the national costing team to more accurately allocate patient care costs for HEB.

**Updated data item in the extract specification: Part cost indicator**

In the 2022 NCC the part cost indicator was added to the APC and OP feed types. In 2023 this has been extended to all other feed types in the extract specification. The part cost indicator should be populated to identify patient events where a trust can only submit part of the patient care costs because another organisation bears the remaining costs, with no recharge in the general ledger of the provider responsible for the activity.

**Updated data item in the extract specification: Episode grouping**

The episode grouping data item has been expanded to provide options to flag the way you are submitting your trust’s specialist rehabilitation data.